SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County

Planning and Zoning Depart.

PO Box 58

Washburn, WI 54891

(715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN ENTERED



Permit #:	18-0161
Date:	6-4-18
Amount Paid:	\$85 5-24-1
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

OO NOT START CONSTR	UCTION L	JNTIL ALL	PERMITS HAV	E BEEN ISS	SUED TO	APPLIĆÁ	NT.	Dehr.							
TYPE OF PERMIT R	EQUEST	TED→	20 LANE	USE	SAN			CONDITIONA		IAL US	E □ B.		OTHE	R	
Owner's Name:	Chr	isten	son			Mailing 524s	g Address: O Kake Rol	City Ba	/State/Zip: neS, WI.50	182	7	(715)		-3445	
Address of Property:		00				-	nes WI	5487				Cell Pho (715) S	ne: So-	-0367	
Contractor:	int.	nor	7 do /10	1	///	Contra		lumber:				Plumber			
Authorized Agent: (F	Person Sig	ning Applic	ation on behal	f of Owner(s))			gent Mailing Ad	dress (include City/	State/Zip):	Written Attache		orization	
PROJECT	Legal	egal Description: (Use Tax Statement) PIN: (23 digits) O4- Recorded Volume												Ownership)	
LOCATION S/2 SW 1/4		Gov't Lot Lot(s) CSM Vol & Page Lot(s) No. Block(s) No.										Page	e(s) _	9/220	
	7	 Township	44	I, Range _	09	 . w	V.925 P.52 Town of: Barne			Lot Siz	e	Acrea	7,5	w.	
							m (incl. Intermittent)		ucture is from Sho			Property in	_	e Wetlands	
☐ Shoreland →			dward side o			e, Pon	d or Flowage	Distance Str	ucture is from Sho		Floor	dplain Zone? Ves No		Present? Ves No	
>Non-Shoreland					2.35	If ye	scontinue>			fee		140		L NO	
Value at Time		W. J. P.Y.E	50p/(-97m/c)			·					y syra		or all		
of Completion * include donated time &		Proje	ct		f Storie r basem		Use	# of bedrooms		er/San	Type of itary Sys			Water	
material	1000			5.10									100	☐ City	
-		w Const	lteration	2 → 1-S	tory tory + L	oft	☐ Seasonal ☐ Year Round	□ 1 □ 2	☐ Municipal/						
\$ 35,000		version		☐ 1-3		.011	& Garage	□ 3	☐ Sanitary (E				_	□ Well	
			xisting bldg)	-	ement		7		☐ Privy (Pit)				lon)		
	☐ Rur	n a Busi	ness on	□ No	Basem	ent		None 🔑	<u> </u>	-	ervice contract)				
,		perty			ındatio	n		-	☐ Compost T	oilet				-	
							lles the standard to the second		☐ None			of the second se		L	
Existing Structure		The second secon	ng applied fo	r is relev	ant to it)		Length:	1	Width:	0.4		Height:	100	,	
Proposed Constr	uction:		945			= []	Length: 36	12	Width: 36	ff		Height: /	0 33		
Proposed Us	ie .	1					Proposed Structu	re			Dimen	sions		Square ootage	
							ure on property)		And a second	(Х				
			Residenc			nting s	hack, etc.)			(X				
Residential	Use			with	a Porch	·				1	X				
•			,		(2 nd) Pc					(Х				
				with	a Deck					(Х)			
				with	(2 nd) De	eck				(Х) ,			
Comme dicita	iruseu	ance		with	Attache	ed Gar	age			(Х)			
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MAY 8	5 () 4						re)			- (Х				
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			Accessor	y buildii	ig Addi	lion/A	Iteration (specify)		- (^	,			
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			1.0							(Х				
			Other: (e	xplain) _						(Х)			
am (are) responsible	for the de ayfield Co	tail and acc unty relying	ng any accompar uracy of all infor on this informa	ying informa mation I (we ation I (we) a	ation) has b e) am (are) am (are) pr	een exam providing	TING CONSTRUCTION ined by me (us) and to the and that it will be relied u or with this application.	e best of my (our) kr ipon by Bayfield Co i	nowledge and belief it is t unty in determining whet	rue, correc her to issu	e a permit. I	(we) further acc	ept liab	ility which	

Justin Christenson (If there are Multiple Owners listed on the Deed All Owners wast sign or letter(s) of authorization must accompany this application)

(If you're signing on behalf of the owner(s) a letter of authorization must accompany this application)
nit 52450 Lake Rd Barnes WI, 54873

Attach

Copy of Tax Statement If you recently purchased the property send your Recorded Deed

SELVICAPPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Address to send permit ___

ox below: Draw or Sketch your Property (regardless of what you are applying for)

Show Location of:

Proposed Construction

Show / Indicate: (2)

North (N) on Plot Plan

(3) Show Location of (*): (4)Show:

(*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property

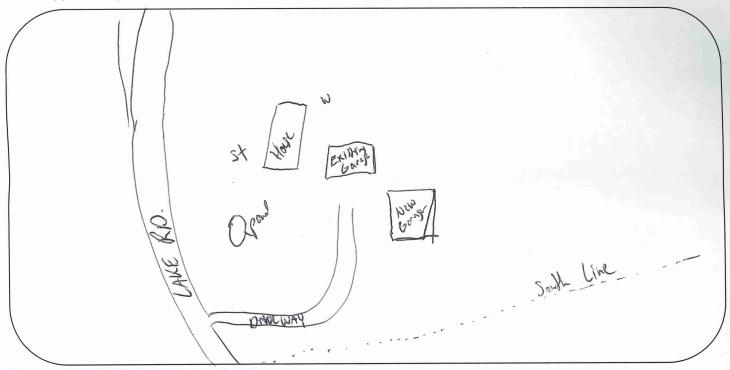
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

Show any (*): (6)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(7) Show any (*):

(*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurem	ent	Description	Measurem	nent
Setback from the Centerline of Platted Road	200 t	Feet	Setback from the Lake (ordinary high-water mark)	NA	Feet
Setback from the Established Right-of-Way	200 1	Feet	Setback from the River, Stream, Creek	114	Feet
		- 14	Setback from the Bank or Bluff	NA	Feet
Setback from the North Lot Line	200 t	Feet			
Setback from the South Lot Line	200 +	Feet	Setback from Wetland	NA	Feet
Setback from the West Lot Line	200 t	Feet	20% Slope Area on property	☐ Yes	≫No
Setback from the East Lot Line	200 T	Feet	Elevation of Floodplain	NA	_ Feet
Setback to Septic Tank or Holding Tank	150	Feet	Setback to Well	150	Feet
Setback to Drain Field	170	Feet			
Setback to Privy (Portable, Composting)	1	Feet			

Prior to the placement or construction of a structure within ten (10) feet of the minimum re other previously surveyed corner or marked by a licensed surveyor at the owner's expense. m required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from sly surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number:		# of bedrooms:	Sanitary Date:					
Permit Denied (Date):	Reason for Denial:								
Permit #: 18-0161	Permit Date: 6-4	4-18							
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Recor Yes (Fused/Contigu	uous Lot(s))	Mitigation Required Mitigation Attached	☐ Yes ☐ No ☐ Yes ☐ No	Affidavit Required ☐ Yes ☐ No ☐ Yes ☐ No					
Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #:		Previously Granted by ☐ Yes No	y Variance (B.O.A.) Case	e #:					
		Were Property Line	es Represented by Owner Was Property Surveyed						
Inspection Record:				Zoning District (R-3) Lakes Classification ()					
Date of Inspection: 5/29/16	Inspected by:			Date of Re-Inspection:					
Condition(s):Town, Committee or Board Conditions Atta	ched?	No they need to be atta	ched.)						
Signature of Inspector:	for human habitate without necessary consciurized water sl	ssory building shall bition / sleeping pure ounty and UDC perminall enter the building on to POWTS. Muscks.	irposes nits. No unless	Date of Approval: 5/30/16					
Hold For Sanitary:	Hold For Affid	Affidavit: Hold For Fees: Hold For Fees:							

Village, State or Federal May Also Be Required

LAND USE - X SANITARY -SIGN -SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	18-0	161		I	Issue	d To: Ju	stin	Christenson	1						
S ½ of Location:	SW	1/4	of	NE	1/4	Section	2	Township	44	N.	Range	9	W.	Town of	Barnes
Gov't Lot			L	₋ot		Blo	ock	Sul	bdivisio	on				CSM#	

For: Residential Accessory Structure: [1- Story; Garage (36' x 36') = 1,296 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): No accessory building shall be used for human habitation / sleeping purposes without necessary County and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.

		Tracy Pooler
NOTE:	This permit expires one year from date of issuance if the authorized construction work or land use has not begun.	Authorized Issuing Official
	Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found	
	to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not	June 4, 2018
	This permit may be void of revoked if any performance conditions are not	Date

completed or if any prohibitory conditions are violated.

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN



Permit #:	18-0166
Date:	6-4-18
Amount Paid:	#75 5-10-18
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONST	RUCTION UNTIL	ALL PERIVITIS H	AVE BEEN I	330ED IV	O AFFLICA	NI.								
TYPE OF PERMIT R	EQUESTED ->	☐ LANE	USE [SANI	STATE OF THE PARTY	A - Control of the Co	□ CON	DITIONAL	L USE SPE	CIAL U	SE 🗆	B.O.A.	□ отн	IER
Owner's Name:		0			Mailing A	ddress:	s.f-	City/s	State/Zip:			- 1	ephone:	
KUSSILLE	2 Ciwdu	Sin	H		205	W. Tarby	1 24	15 PA	Ark Ridge	IL	6006	,8 74.	3-480	6-3345
KUSSILL G Address of Property: 50300				Ų	City/State	e/Zip:	,				NEW TOTAL	Cel	Phone:	
50300	Outlet	BAU	RS		BAI	Nes	1	Ali				76	3-486	6-3345
Contractor:		1-1, 9	1-01		Contracto		Plumbe	er:				Plu	mber Pho	ne:
Authorized Agent: (P	erson Signing Appli	cation on behalf	f of Owner(s))	Agent Pho	one:	Agent N	Mailing Add	dress (include City,	State/Z	ip):			norization
													ached Yes 🗆 I	No
PROJECT	Local Decerie	tion. /lles To	Ct-t	X	Tax ID#		,					-	. 1	Ownership)
LOCATION	Legal Descrip	tion: (use ra	ax Stateme	nt)	04-0	04-2-4	4-09	7-09-3	305009	20	202	<u>R</u>	4778	63_
N 100 9 5 232	1/4	Gov't	Lot	Lot(s)	CSM	Vol & Pag	e	Lot(s) No.	Block(s) No.	Subd	ivision:			
				9		870/86	5							
Section	7 , Township	44	N, Range	9	w	Town of:				Lot Si	ize	,	Acreage	
	, rownsiii,										14		4	,5
	☐ Is Property	/Land withir	n 300 feet	of River	r, Stream	(incl. Intermittent	Dist	ance Struc	cture is from Sho	reline :		. Duat	: A	18/-41 d-
f classical	Creek or Lan					-continue —	- 4			fee	200	s Property odplain Zo		re Wetlands Present?
Shoreland -	☐ Is Property	/Land withir	n 1000 fee	t of Lake	e, Pond o	r Flowage	Dist	ance Struc	cture is from Sho	reline :		☐ Yes		☐ Yes
					If yes	-continue —				fee	et	□No		□ No
Non-Shoreland														
Volument Ti					VIIII E			A-1945		-			,	
Value at Time of Completion		osimi d	de la constante de la constant					# of		What	Type of	f		Type of
* include	Proje	ct	# of	Stories		Foundation	bec	drooms	Sev		nitary Sy			Water
donated time &							str	in ucture	ls	on the	proper	ty?		property
material	New Const	mustion	□ 1 C+	O #14		Basement			D Manufalmali	City.				
	☐ Addition/		☐ 1-Ste	ory + Lo	oft /	Foundation			☐ Municipal/☐ (New) Sani		Specify Ty	me:		☐ City ☑ Well
\$ 12,500,00	Conversion		2-St			roundation			Sanitary (E					U Well
-10/50 10	Relocate (e			OI y				3	Privy (Pit)) gallon)	
	Run a Busi	100				Use		None	□ Portable (v				Bullotty	
	Property					Year Round	d l		☐ Compost T					
									None					
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(1) (2) (3) (4) (5) (6) (7)	Show Location of: Show / Indicate: Show Location of (*): Show: Show: Show any (*): Show any (*):	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	
	6 13 4		

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement		Description	Measurement
Setback from the Centerline of Platted Road	18ú F	eet	Setback from the Lake (ordinary high-water mark)	Fee
back from the Established Right-of-Way 2/ Fe		eet	Setback from the River, Stream, Creek	Fee
			Setback from the Bank or Bluff	Fee
Setback from the North Lot Line	F	eet		
Setback from the South Lot Line	F	eet	Setback from Wetland	Fee
Setback from the West Lot Line	F	eet	20% Slope Area on the property	☐ Yes ☐ No
Setback from the East Lot Line	F	eet	Elevation of Floodplain	Fee
Setback to Septic Tank or Holding Tank	140 F	eet	Setback to Well	75 Fee
Setback to Drain Field		eet		, ,
Setback to Privy (Portable, Composting)	F	eet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number:	6289	# of bedrooms:	Sanitary Date: 6/12/74
Permit Denied (Date):	Reason for Denial:			1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
Permit#: 18-01lde	Permit Date: 64	1-18	ALLES LANG	
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Recondance Configuration of Continuous Configuration of Co	ous Lot(s))	Mitigation Required Mitigation Attached		Affidavit Required Affidavit Attached Yes No Service No
Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #:		Previously Granted b	y Variance (B.O.A.) Case	: #:
Was Proposed Building Site Delineated ☐ Yes ☐ No			es Represented by Owner Was Property Surveyed	☐ Yes ☐ No ☐ N
Inspection Record: Flaged - which op	tion? a declar	re the scosq	A Bun 4/ Septu	Zoning District (R-/) Lakes Classification (/)
Date of Inspection: 5/22/18	Inspected by:			Date of Re-Inspection:
Signature of Inspector: Hold For Sanitary: Hold For TBA:	Condition: No action for human hab without necessar pressurized wate approved connectand maintain setting.	ccessory building sha bitation / sleeping y county and UDC p r shall enter the build ction to POWTS.	all be used purposes ermits. No ling unless	Date of Approval: 6/4/18

Village, State or Federal May Also Be Required

AND USE - X SANITARY -SIGN -SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	18-0	166			Issued	To: Ru	ssell	& Cynthia	Scott							
Location:		1/4	of	-	1/4	Section	9	Township	44	N.	Range	9	W.	Town of	Barnes	
N 100' of S	S 232	2' of		Lot	9	Blo	ck	Su	bdivisio	on	,			CSM#		

For: Residential Accessory Structure: [1- Story; Storage (40' x 24') = 960 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): No accessory building shall be used for human habitation / sleeping purposes without necessary County and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

June 4, 2018

Date